APPENDIX APPENDIX APPENDIX

APPENDIX APPENDIX APPENDIX Dear Sir or Ma'am,

am an inpatient inmate housed on one of several psychiatric words here at the Montford Hospital Prison Unit in Lubbock, TX. My cliagnosis is schizoaffective disorder. I am somewhat stable now since I diligently take my medications. From what I've read in a few of the self-help be legal books, that I own, I am covered by the A.U.A. as well as all the other inpatient psychiatric inmates housed at the Montford Unit. The issue that I am asking you to investigate is

regarding the blatent depial of access to the Offender Telephone System for all of the offenders housed on the psychiatric words here at Montford. There are OTS phones installed on the trustee camp and regular hospital areas of the unit. There are none installed on the psych wards. We are only allowed to place one five minute phone call every 90 days using a TDCJ-owned phone to call collect. Before being admitted to the Montford Unit, I had adequate access to the OTS at my regular unit of assignment. That priviaged access was taken away from me simply for admitting that I was scicidal and was admitted here.

Being admitted here, I started on Level 1. That being the most restrictive, of privileges, while housed on a psych ward. Level 4 is the least restrictive. I earned my way to a Level 3. Some of the property items that I am allowed to have on Level 3 is my radio and headphones. I am telling you this because one of the reasons that or

the staff here has given me is that a suicidal inmate could wrap the phone cord around his neck. First, the OTS phone cords are way to short to do such a thing. Second, the OTS phones could be installed in the common/dayroom areas on each psych. pod/ward. These common areas are constantly under the direct observation of one nurse and a minimum of two correctional officers. Third, level and 4 attenders are the only ones that should be allowed access to the OTS since they are deemed more stable than Level I and 2's. Finaly, the radio I have has a cood that is significantly longer than an OTS phone cord and can be used for purposes that I need not describe. The radio is in my cell with me and cells are only observed every 30 minutes thru a window. Again, I am on Level 3. 50 I am trusted to have access to my radio. t is dovices that we are being discriminated against.

Thereis to justifiable reason why we cannot be given access to the OTS. In fact, the Montford Unit is violating its own policy regarding access to the OTS. TOCT Executive Directive ED-03.32 (rev. 2)-Offender Access to Telephones, Section 3(A)(2) says that offenders in a psychiatric inpatient program of Developmental Disabilities Program shall be allowed access to the OTS in accordance with the offender's treatment plan."

I just recently filed a Step 2 grivence regarding this issue.

If the Step 2 is returned to me and is not ruled in my favor, then I will have excusted my state remarks and

couldnan ADA and/or section 1983 claim in Federal court.
I am just not shure that, as an inmate proceeding pro-se, that I can win. I will proceed on my own if I absolutely have to because I have talked to my mother only once since being admitted and that was when she chove all the way from Terrell, TX to Lubbock to visit me. I am serving a 36 year sentence and am not eligible for parole until April 2027. My mother will be 58 years old later this year. My mother is healthy. But she could very well not be alive by the time I am granted parole. I cherish every moment that I get to talk to her and when she visits.

I pray that I am not washing your time. I believe I have a valid ADA claim.

Please help us!

Tdoy K. Payne #172023 Montford Unit 8602 Peach St. Lubback, TX 79404

Toby K. Payne #1720023 John T. Montford Unit 8602 Peach St. Lubbock, TX 79404 (806) 745-1021

TO: Office for Civil Rights
Office of Justice Programs
U.S. Department of Justice
810 7th Street N.W.
Washington, D.C. 20531

Friday, September 18th, 2015

RE: Ongoing Violations of the Americans With Disiabilities Act at the John T. Montford Unit

#### Dear Sir or Ma'am:

I am an inmate currently assigned as an inpatient psychiatric offender at the John T. Montford Unit, Texas Department of Criminal Justice, Criminal Institutions Division. The Senior Warden here is Robert K. Stephens. I believe that I have identified possibly three or more violations of the Rehabilitation Act and/or the Americans With Disabilities Act here at the Montford Unit. I have formaly compained about the denial of access to the Offender Telephone System via the TDCJ grievance system. However, the grievance system is very frustating because as an inmate, we never win the argument.

I arrived here sometime during the first week of October 2014 after attempting suicide on my regular unit of assignment (Neal Unit, Amarillo, TX). I have been diagnosed with schizoaffective disorder. It is an acute combination of psychosis and bipolar disorder. I have been somewhat stabilized by medications and therapy. However, my crime resulted in the death of my two year old son. Dr. Kristi Compton Ph.D. found that I succumbed to a psychotic break at the time of the murder. I am not receiving any specific therapy for grief. All that has been done is that I have been handed a grief packet to read. I have decided that I may never completely stabilize from the loss of my son. I just have to learn to manage it. I will be forever remorseful for how I affected everyone who knew my son.

Since arriving here at the Montford Unit, I have noticed many violations of basic human moral standards. Below is a list of some violations that I have discovered:

--We do not have access to the Offender Telephone System. There are no OTS phone installed on the psychiatric wards. Long Term Care offenders in the hospital ward do have access to the OTS as well as offenders housed at the trustee camp here at Montford.

- --We are not allowed to go outside. The last time that I breathed fresh air was when I stepped out of the van after being transported here in October 2014.
- --We do not have access to any religious activities. However, the chaplain will come and talk to us, he will pass out certain religious reading material, & he will pray with us. But we are not provided any church services at all.
- --The officer staff is often insensitive to the fact that we have psychological disorders. They are required to undergo 40 hours of psychological training prior to being hired. However, they are not required to undergo any psychological refresher courses during their entire employment.
- --Almost all other units of regular assignment are provided cable/ satellite TV services. Here at the Montford Unit, we are provided only a limited number of broadcast TV stations.

Please read the attached grievances. The initial Step 2 that I filed was sent back to me because of an "excessive attachment". That attachment is included. I also included the second Step 2 that I filed on the OTS. They never directly addressed the real issue. You will read TDCJ-CID policy and case law that I cited. The federal complaint could be easily certified as a class. I am willing to submit to an interview. I pray that you will be able to help us!

Thank you for your time and consideration.

Respectfully Submitted,

Toby K. Payne #1720023

T.D.C.J.-C.I.D. Montford Unit

#### COMPLAINT VERIFICATION INFORMATION

| Your name, address, and telephone number(s): Toby Kristopher Payne-#1720023 Tex. Dept. of Criminal Justice-C.I.D. John T. Montford Unit 8602 Peach St. Lubbock, TX 79404 (806) 745-1021 | Name, address, and telephone number(s) of person(s) who discriminated against you: Robert K. Stevens, Sr. Warden Tex. Dept. of Criminal Justice-C.I.D. John T. Montford Unit 8602 Peach St. Lubbock, TX 79404 |
|---|---|
| Name, address and telephone number(s) of agency or  | (806) 745-1021  |
|   |   |
| Texas Department of Criminal Justice, ***Direct address and telephone number  |   |
| priect address and terephone number   | r unknown.  |
|   |   |
|   |   |
|   |   |
| Are there other persons or organizations involved in  | this discrimination case? <u>YES</u>  |
| If VES places give the names addresses and talk the   |   |
| If YES, please give the names, addresses and telephor   | ne numbers below:   |
| NAME ADDRESS TE   | ELEPHONE  |
| Texas Tech Health Services, (Direct ad  | ddress & telephone number unknown)  |
|   |   |
| <u>1.1.</u>   |   |
|   |   |
| Which of the following describes the nature of the dis-   | crimination involved?   |
| Race/ColorNational Origin X_ReligionSex X   | DisabilityAgeSexual OrientationGender Identity  |
| Does your charge of discrimination involve:   |   |
| a. Your job or seeking employment?  | OR b. You using facilities or someone providing services/protection to you (or others)?   |
| If yes, which of the following apply?   | If yes, how?  |
| Hiring  | Brutality   |
| Work Assignment   | Harassment  |
| Promotion   | Language  |
| Demotion  | Applying rules/laws differently *****   |
| Discipline  | Access to buildings/programs *****  |
| Layoff/Recall   | Retaliation   |
| Retaliation   | Different standards/opportunities/programs *****  |
| Termination   | Segregation   |
| Other (Specify)   | Other (Specify)   |
|   |   |
| Which month(s), day(s), and year(s) did the most rece   | nt discrimination against you take place?   |
| Beginning: MonthOctober Day Year 2014   |   |
| Ending: Month Day Year *  | *ONGOING VIOLATION*   |

Explain in detail what happened and how you were discriminated against. State who was involved and show how other persons were treated differently from you. (Also, attach any written materials or documentation pertaining to your case.)

Please refer to my cover letter & attached Step 1 & Step 2 grievances.

Has the opposite sex or have persons of other races, national origin, religions, or disabilities been treated differently from you in this particular matter? <u>YES</u> If yes, please explain and identify:

At the montford unit, there are offenders who are assigned to the hospital ward under "Long Term Care" and they have access to the Offender Telephone System. However, I am not certain if they are allowed to go outside or not. The trustee camp here at the Montford Unit also have access to the Offender Telephone System.

Why do you believe this occurred? I really do not have any idea. The staff here cites "security" reasons. The unit is double fenced and in some places triple fenced.

What other information do you think might be helpful to our investigation? I would prefer to be interviewed privately.

If this complaint is resolved to your satisfaction, what remedy do you seek?

I would like to see inpatient psych. offenders allowed access to the Offender Telephone System, allowed to go outside, and allowed access to appropriate religious activities. It would also be beneficial to require that the officer staff go thru psychiatric refresher sensitivity courses.

Please list below any persons (witnesses, fellow employees, supervisors, or others) whom we might contact for additional information to support or clarify your complaint: Anyone who is an inpatient psych offender, on the mental health staff, and the officer staff could be interviewed.

Name Address Telephone Number

State or local Human Relations Commission

State Law Enforcement Planning Agency

Have you filed a case or complaint with any of the following? (Check the appropriate items.)

Civil Rights Division, U.S. Dept. Of Justice\*\*\*\*

U.S. Equal Employment Opportunity Commission

| Other Federal Agency                                     | Attorney (Note the name and address above) |  |  |
|--|--|--|--|
| Federal or State Court                                   | Other (specify) TDCJ-CID Grievance System  |  |  |
| For any item checked above, please provide the following |  |  |  |
| Name of Agency: U.S. Dept. of Justice, Ci                | vil Rights Division                        |  |  |
| Date Filed: ???  |  |  |  |
| Case or Docket Number: none                              |  |  |  |
| Date of Trial or Hearing:                                |  |  |  |
| Location of Agency or court:                             |  |  |  |
| Name of Investigator                                     |  |  |  |
| Status of Case:  |  |  |  |
| Additional comments: The Step 1 & Step 2's               | have been attached to this complaint.      |  |  |
| DATE: 9-18-2015  | SIONED                                     |  |  |

(Please also complete and submit the Identity Release Statement)

(Continue any question on additional sheets if necessary)

Office for Civil Rights Office of Justice Programs U.S. Department of Justice 810 7<sup>th</sup> Street. NW Washington, D.C. 20531

#### COMPLAINANT CONSENT/IDENTITY RELEASE FORM

| SOME THE STATE OF |
|---|
| Your Name: TOBY KRISTOPHER PAYNE #1720023   |
| Address: TEX. DEPT. OF CRIMINAL JUSTICE, C.I.D./JOHN T. MONTFORD UNIT   |
| LUBBOCK State_TEXAS Zip_794.04  |
| Complaint number(s): (if known) ยกหมอย่าง   |
| Please read the information below, check the appropriate box, and sign this form.  I have read the Notice of Investigatory Uses of Personal Information by the Department of Justice (DOJ). As a complainant, I understand that in the course of an investigation it may become necessary for DOJ to reveal my identity to personat the organization or institution under investigation. I am also aware of the obligations of DOJ to honor requests under the Freedom of Information Act. I understand that it may be necessary for DOJ to disclose information, including personally identifying details, which it has gathered as a part of its investigation or my complaint. In addition, I understand that as a complainant I am protected by DOJ's regulations from intimidation or retaliation for having taken action or participated in action to secure rights protected by nondiscrimination statutes enforced by DOJ.  |
| CONSENT/RELEASE  CONSENT - I have read and understand the above information and authorize DOJ to reveal my identity to persons at the organization or institution under investigation. I hereby authorize the Department of Justice (DOJ) to receive material and information about me pertinent to the investigation of my complaint. This release includes, but is not limited to, personal records and medical records. understand that the material and information will be used for authorized civil rights.   |
| compliance and enforcement activities. I further understand that I am not required to authorize this release, and do so voluntarily.  |
| CONSENT DENIED - I have read and understand the above information and do not want DOJ to reveal my identity to the organization or institution unde investigation, or to review, receive copies of, or discuss material and information about me, pertinent to the investigation of my complaint. I understand this is likely to impede the investigation of my complaint and may result in the closure of the investigation.   |
| 0 10 000  |

DATE

**Texas Department of Criminal Justice** 

#### Page 11 of 29 PageID 22

OFFICE USE ONLY

# TE ON

appealing the results of a disciplinary hearing.

| STEP 1 OFFENDER GRIEVANCE FORM  | Grievance #: 20\5\15\07\2  Date Received: MAR 27 2015  Date Due: 05-06-15  |
|---|--|
| Offender Name: Toby K, Payne TDCJ# 172023 Unit: Montoca Housing Assignment: E2-08 Unit where incident occurred: Montoca | Grievance Code: 501  Investigator ID#: 7-7743  Extension Date: APR 10 2015 |
| You must try to resolve your problem with a staff member before you submit a formal co                                  | mplaint. The only exception is when  |

| Who did you talk to (name, title)?   | When over two weeks ago  |
|--|--|
| What was their response? NONE  |  |
| What action was taken? AONE  |  |
| State your grievance in the space provided. Please state who, what, when, where and the disc | iplinary case number if appropriate  |
|  |  |
| - I wrote the treatment team soveral weeks ag  | o asking how do!   |
| go about placing a telephone call to my tamily   | and still have not   |
| received a response I am an obtender housed in a   | a psychiatric ward-  |
| I have noticed topic are no telephones installed in  | the dayreems for   |
| Oftender use like they are on a regular general pr   | pulation unit So   |
| I assume that there is a certain provedure to be   | followed by an   |
| oftender hysed in a psychiatric ward to use a te   | elephone. I need of  |
| Know the following: 1) How long do I nearl to an wi  | threet having a  |
| Conviction by a major diciplinary violation before   | being consolved to   |
| Use the telephone? 2) If approved was can I call?  | 3) Wester I be using   |
| the affector Telephone System to make the call or a  | TAT-owned  |
| phone to make a collect call? 4) they long will the  | e phone call last?   |
| 5) Once I have successfully alread the call, has to  | or, before I can   |
| make another call? (ENO OF STATEMENT)  | MAR 27 2015  |
|  | in the state of th |
| 3  | The state of the s |
|  |  |
|  |  |
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I-127 Front (Revised 11-2010)

YOUR SIGNATURE IS REQUIRED ON BACK OF THIS FORM

(OVER)

Appendix F

| MAR 24520517-cv-00211-Z-BR Document 3-1 Filed 10/30/   | /17 Page 12 of 29 PageID 23  |
|--|--|
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|  |  |
|  |  |
|  |  |
| Action Requested to resolve your Complaint. 10 get priper answer   | is to the questions that   |
| I have asked a this grievance. MAR 27 2015   | /  |
| Offender Signature:  | Date: <u>3-26-2015</u>   |
| Grievance Response:  |  |
| ignature Authority: Robert Stevens, Warden   | Jalu-  |
| you are dissatished with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigation  | Date: ///> estigator within 15 days from the date of the Step 1 response.  |
| tate the reason for appear on the Step 2 Form.   |  |
| The state of the s |  |
| 1. Grievable time period has expired.  | OFFICE USE ONLY  |
| 2. Submission in excess of 1 every 7 days. *  3. Originals not submitted. *  | OFFICE USE ONLY Initial Submission UGI Initials:   |
| 4. Imppropriate/Excessive attachments. *   | Grievance #:   |
| No documented attempt at informal resolution. *  | Screening Criteria Used:   |
| 6. No requested relief is stated. *  | Date Recd from Offender:   |
| 7 Malicious use of vulgar, indecent, or physically threatening language.   | Date Returned to Offender:   |
| The issue presented is not grievable.  | 2nd Submission UGI Initials:   |
| 9. Redundant. Refer to grievance #   | Grievance #:   |
| 10. Hlegible/Incomprehensible. *   | A CONTROL OF THE PARTY OF THE P |
| 2  | Screening Criteria Used:   |
| J.H. Inappropriate. *  | Screening Criteria Used:  Date Recd from Offender:  Date Returned to Offender:   |

UGI Printed Name/Signature:

Application of the screening criteria for this grievance is not expected to adversely

Affect the offender's health.

Medical Signature Authority:\_

I-127 Back (Revised 11-2010)

Appendix F

3rd Submission UGI Initials: \_\_\_\_\_\_\_
Grievance #:

Screening Criteria Used:

Date Recd from Offender:

Date Returned to Offender:

MAY 18 2015



#### **Texas Department of Criminal Justice**

## STEP 2

#### OFFENDER GRIEVANCE FORM

| Offender Name: Toby K. Ayne            | TDCJ# <u>/72CD23</u> |
|--|----------------------|
| Unit: Montford Housing Assignment:     | E2-08                |
| Unit where incident occurred: Montford |                      |

#### OFFICE USE ONLY

Grievance #: 2015 11502

UGI Recd Date: <u>APR 13 2015</u>

HQ Recd Date: APR 1 / 2015

Grievance Code: 301, 399

Investigator ID#: I . 1335

**Extension Date:** 

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be Specific). I am dissatisfied with the response at Step 1 because...

| TOCS Executive Directive 03.32 (rev. 2) Section of April Green of development of a psychiatric inpatient program or development allowed access to the OTS in accordance in plan. "Comtinuers on attached document offender Signature. But a tracked document of a continuers of a tracked document of the other offender Signature. But a tracked document of the other offender Signature. But a tracked document of the other offender Signature. | proxess rights.  son 3(A)(2) says that "offendors al disabilities program shall be with the offenders treatment ent)  Date: 4-13-15 |
|---|---|
|   |   |
| Signature Authority:  | Date:   |
| Returned because: *Resubmit this form when corrections are made.  1. Grievable time period has expired.   | OFFICE USE ONLY Initial Submission CGO Initials:  |

I-128 Back (Revised 11-2010)

Appendix G

Comments:

Date Returned to Offender:



I-128 Front (Revised 11-2010)

Offender Name: Toby K. Payne



JUN 25 2015

OFFICE USE ONLY

Date Due:

Grievance Code:

HQ Recd Date: MAY 2 6 2015

## **Texas Department of Criminal Justice**

## STEP 2

#### **OFFENDER GRIEVANCE FORM**

TDCJ#1720023

| Unit: _  | Montford  | _ Housing Assignment: _  | E2=08:                      | <u> </u>                             | Investigator ID#: <u>I. 1335</u>                  |
|--|---|--|-----------------------------|--------------------------------------|---|
| Unit w   | here incident occurred: .                             |  |                             | , _                                  | Extension Date:                                   |
|  |   |  |                             |                                      |   |
| The state of the s | You must attach the comp<br>accepted. You may not app | leted Step 1 Grievance tha<br>eal to Step 2 with a Step 1 the  | si<br>i yras-cen rei        | ged by the Ward<br>furned unprocesse | len for your \$14p ? beded.                       |
|  | son for appeal (Be Specific                           |  | e response at               | Step 1 because                       |   |
| This   | is my 2nd submi                                       | ssion of my Step   | 2 regar                     | ding Griev                           | ance #2015115022. It is                           |
| my co  | etall taction T                                       | one page attach  | ment is                     | not "exces                           | sive". This appears to                            |
| ther   | thru the OTS or                                       | a TDCJ-owned ph  | one, for                    | erning acc<br>offenders              | ess to a telephone, ei-<br>housed on psych. wards |
| nere   | at the Montford                                       | unit. Currently  | . there                     | are no ATS                           | nhones installed on an                            |
| ward   | ne psych. wards.<br>and trustee cam                   | p. TDCJ Executiv   | are ulb                     | pnones ins                           | talled on the hospital 32(rev. 2) §3(A)(2) sav    |
| that   | "offenders in a                                       | psychiatric in   | oatient                     | program or                           | 32(rev. 2) §3(A)(2) say: developmental disabili   |
| ties   | orooram shall b                                       | e allowed access   | to the                      | OTS in acc                           | ordance with the offend.                          |
| OTS 1  | reatment plan."<br>for all offender                   | Is the "treamen<br>s housed on psyc  | t plan"                     | a blanket                            | denial of access to the 03.32(rev. 2) §4(A)(3)    |
| says   | that, "in order                                       | to be eligible   | to place                    | a call us                            | ing a TDCJ-owned teleph                           |
| one,   | offenders shall                                       | not have been f  | ound gui                    | lty of any                           | major diciplinary viol                            |
|  | s within the la                                       | st 90 days" ຟ<br>s an offender ho  | ny does                     | my Step 1                            | response say one year?                            |
| to ma  | ike one five min                                      | ute collect call   | everv 9                     | a psychiat<br>O davs. do             | ric ward, I am only ablues not even satisfy the   |
| Fifth  | Circuts ruling  | in 'Martin v. T  | /son. 84                    | 5 F2d 1451                           | . 1458 (5th Cir 1988)                             |
| (one   | monitored telep                                       | hone call every  | other da                    | y, with a                            | non-monitored line for                            |
| savs.  |   | stitutional requi  | <u>irements</u><br>nis sect | ). Texas G                           | ov't Code §495.027(d)<br>t unduly restrict calli  |
| ng pa  | itterns or volum                                      | e and must allow   | for an                      | averace mo                           | nthly call usage rate o                           |
| eight  | calls. with ear                                       | ch call having a   | n ayerag                    | e duration                           | of not less than 10 mi                            |
| deem   | me as an eligible                                     | inmate." The TDC.<br>le inmate! PLEAS!   | ALLOW                       | ive Direct<br>ACCESS TO              | ives mentioned above THE OTS FOR ALL ELIGIBLE     |
|  | DERS ON THE PSY                                       |  |                             | NTFORD UNI                           |   |
| (FND   | DESTATEMENT)  |  |                             | NIIONO SIVI                          |   |
|  | JE BIATCHLATY   |  |                             |                                      |   |
|  |   |  |                             |                                      |   |
|  |   |  |                             | 3,000                                |   |
|  |   |  |                             |                                      |   |
|  |   |  |                             |                                      |   |
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|  |   | The state of the s |                             |                                      |   |
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YOUR SIGNATURE IS REQUIRED ON BACK OF THIS FORM

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| Case 2.17-cv-00211-2-BR Document 3-1 Filed 10/30  | 77 Page 17 01 29 Page 10 28                                     |
|---|---|
|   |   |
|   | *   |
|   |   |
| · •   |   |
|   |   |
|   |   |
| Offender Signature  | D. MAY 18TH BOAT  |
| Grievance Response:   | Date: MAY 18TH, 2015  |
|   |   |
| This office has reviewed your Step 1 grievance investigations appropriate and correct. Sgt. Arismendez with the treatment of the step 1 grievance investigation of the step 1 grievance | · constant that it 可能能使 <b>感染的流</b> 动和克萨中部的克萨·克尔克,不是一种大大        |
| appropriate and correct. Sgt. Arismendez with the treatm were requesting concerning phone calls. Be advised that y screened. The policy states that only official documents the 60's, sick call requests, property papers, and other similar grievance. No further action warranted.  | JUN 1 1 2015  |
| Signature Authority:  | Date:   |
| Returned because: *Resubmit this form when corrections are made.  1. Grievable time period has expired.   | OFFICE USE ONLY Initial Submission CGO Initials: Date UGI Recd: |
| 2. Illegible/Incomprehensible.*   | Date CGO Recd:  |
| ☐ 3. Originals not submitted. *   | (check one)ScreenedImproperly Submitted                         |
| 4. Inappropriate/Excessive attachments.*  | Comments:   |
| · ·   | Date Returned to Offender.                                      |
| 5. Malicious use of vulgar, indecent, or physically threatening language.   |   |
| ☐ 6. Inappropriate.*  | Date UGI Reed:  |
|   | Date CGO Recd:Improperly Submitted  Comments:                   |
| CGO Staff Signature:  | Date Returned to Offender:                                      |
|   | 3rd Submission CGO Initials:                                    |
|   | Date UGI Recd:  |

3012 2Eb 58 bH #: 10

2007

(check one) \_\_\_\_Screened \_\_\_\_Improperly Submitted

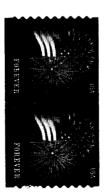
Date CGO Recd:

Date Returned to Offender:

Comments: \_

Toby K. Payne #1720023
Tex. Dept. of Criminal Justice, C.I.D.
Montford Unit
8602 Peach St.
Lubbock, TX 79404
(LEGAL MAIL)

Office for Civil Rights
Office of Justice Programs
U.S. Department of Justice
810 7th Street N.W.
Washington, D.C. 20531





#### **Texas Department of Criminal Justice**

| STEP 2                                 | OFFENDER<br>GRIEVANCE FORM | HQ Recd Date: AUG 0 2 2016  Date Due: |
|--|----------------------------|---------------------------------------|
| Offender Name: Toby K. Payne           | TDCJ# 1720023              | Grievance Code:                       |
| Unit: Clements Housing Ass             | signment: 12-C-65 (CMI)    | Investigator ID#: 34434               |
| Unit where incident occurred: Clements |                            | Extension Date:                       |

You must attach the completed Step 1 Grievance tha accepted. You may not appeal to Step 2 with a Step 1 th. igned by the Warden for your Step 2 appeal to be turned unprocessed.

OFFICE USE ONLY

Give reason for appeal (Be Specific). I am dissatisfied with the response .. Step 1 because... Yes, on Saturday, July 9th, 2016, I was allowed to place a phone call to my mother. The system used was not the same Offender Telephone System ("OTS") used in general population. There was officer across the desk listening to the entire phone call using a "spliced" telephone as the call was taking place. Although the phone calls placed on the OTS in general population are recorded and can be listened to, having an officer actively listening to a phone call and sitting across from me does not affor me the same "sudo" privacey as did placing a phone call using the OTS in general population. I was told that I only had 10 minutes to speak with my mother. Each phone call using the OTS in gen. pop. lasts 20 minutes and I can place as many phone calls every day as money allows. Here in CMI using this other method, I am only allowed one 10 minute phone call every 90 days. This disparity seriously violates ADA laws and does not come close to satisfying the policies and laws mentioned in my Step 1 on this issue. The same OTS phones used in general population should be installed in the dayrooms of the CMI pods on 12 building.\*\*\*(END OF STATEMENT)\*\*\*

I-128 Front (Revised 11-2010)

YOUR SIGNATURE IS REQUIRED ON BACK OF THIS FORM

(OVER)

Appendix G

Case 2:17-cv-00211-Z-BR Document 3-1 Filed 10/30/17 Page 20 of 29 PageID 31

Your Step 1 grievance investigation and response has been reviewed by this office and found to be appropriate and correct. Your requested remedy for your step 1 grievance has been fulfilled by you being allowed to call your mother on 07-09-16 per policy. You have presented issues in your step 2 grievance that were not included in your step 1 grievance, and will not be addressed. No evidence of staff misconduct or policy violation found; therefore no further action warranted.

| MARK ROTH   |                            |                         |
|---|----------------------------|-------------------------|
| Signature Authority:  | Date:                      | AUG 1 0 2016            |
| Returned because: *Resubmit this form when corrections are made.          | OFFIC                      | CE USE ONLY             |
| ☐ 1. Grievable time period has expired.                                   |                            | CGO Initials:           |
| ☐ 2. Illegible/Incomprehensible.*   | i e                        |                         |
| ☐ 3. Originals not submitted. *   | )                          | nedImproperly Submitted |
| 4. Inappropriate/Excessive attachments.*                                  | 1                          | •                       |
| _   | Date Returned to Offend    | ler:                    |
| 5. Malicious use of vulgar, indecent, or physically threatening language. | 2 <sup>nd</sup> Submission | CGO Initials:           |
| ☐ 6. Inappropriate.*  | Date UGI Recd:             |                         |
|   | Date CGO Recd:             |                         |
|   | (check one)Screen          | edImproperly Submitted  |
|   | Comments:                  |                         |
| CGO Staff Signature:  | Date Returned to Offende   | r:                      |
|   | 3 <sup>rd</sup> Submission | CGO Initials:           |
|   | Date UGI Recd:             |                         |
|   | Date CGO Recd:             |                         |
|   | (check one)Screen          | edImproperly Submitted  |
|   | Comments:                  |                         |
|   | Date Returned to Offende   | r:                      |

OFFICE USE ONLY

## Texas Department of Criminal Justice

| STEP 1 OFFENDER GRIEVANCE FORM                   | Grievance #: <u>2016167742</u> Date Received: <u>JUN 2 7 2016</u> Date Due: <u>8 · 6 · 16</u> Grievance Code: <u>814</u> |
|--|--|
| Offender Name: Toby K. Payne TDCJ# 1720023       | Investigator ID#:  |
| Unit: Clements Housing Assignment: 12-C-65 (CMI) | Extension Date:  |
| Unit where incident occurred: Clements           | Date Retd to Offender: JUL 2 1 201   |
|  |  |

| You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.  |
|---|
| Who did you talk to (name, title)? Officer Haney When? Thursday, June 23,2016   |
| What was their response? Verbaly refused phone call   |
| What action was taken? Officer Haney lied and told supervisor that I refused my phone call 27 200   |
| State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate This grivance is to be attached to my current grievance (Grievance # unknown) regarding a |
| telephone call that I recently filed. On Thursday, June 23rd, 2016 and at or around 8:30pm,   |
| Officer Haney (I am not sure of the name but I can describe him as caucasion, heavy set, wears  |
| glasses and has a mustache.) woke me up out of my sleep and asked me if I wanted to make a  |
| phone call. I said yes I do. Please give me a minute to wake up and get ready. (I only had  |
| boxers on at the time and I wanted to splash water on my face to help me wake up. I did not   |
| want to call my mother with a groggy mind.) While sitting up on my bunk waiting for my mind   |
| to clear up, Officer Haney was satill at the door staring at me. I asked him again if he would  |
| please give me a minute to get ready because I also had to urinate. He still stood at the   |
| (my) cell door watching me. I said, "are you going to stand there and watch me get ready?"  |
| His response was, "You're sure right." He walked off and told supervisors that I refused  |
| my phone call. His report to his supervisor was an outright lie. I haven't spoken to my mother  |
| since December 2014 and I absolutely would not turn down an opportunity to talk to her. The   |
| response to this grievance will be filed and attached to my complaint to the U.S. Department  |
| of Justice, Office for Civil Rights, Payne v. Tex. Dep't of Criminal Justice, Case No. 15-  |
| OCR-1258 which is still active. Attorney Shelley Langguth is the attorney assigned to the   |
| complaint I just mentioned. ****(END OF STATEMENT)**** JUN 2 7 2015   |
|   |
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I-127 Front (Revised 11-2010)

YOUR SIGNATURE IS REQUIRED ON BACK OF THIS FORM

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| Case 2;17-cv-00211-Z-BR Document 3-1 Filed 10/30/17  | Page 22 of 29  | PageID 33  |
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| Action Requested to resolve your Complaint. Please allow me to ma  | Le My Seco   | nd aftempt   |
| Offender Signature:  | Date: Thursday   | y, June 23, 2016   |
| Grievance Response:  | 7.0  | The state of the s |
| Your complaint has been investigated and findings reviewed. opportunities to be ready to make your telephone call and you did  | l not get ready eithe  | er time. You may   |
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Appendix 1 0 0



## Texas Department of Criminal Justice

## STEP 2

#### **OFFENDER GRIEVANCE FORM**

| Offender Name: TODY K. Payne TDCJ   | # 1720023 Grievance Code: 5 4   |   |
|---|---|---|
| Unit: Clements Housing Assignment: 12-C   |   | -                                       |
| Unit where incident occurred: Clements  | Extension Date:   | _                                       |
|   |   |   |
| You must attach the completed Step 1 Grievance that has b accepted. You may not appeal to Step 2 with a Step 1 that has t | been signed by the Warden for your Step 2 appeal to be been returned unprocessed. |   |
| Give reason for appeal (Be Specific). I am dissatisfied with the response If I was given "two" opportunities to get ready | onse at Step I because<br>to make a phone call, I did not hear it bec             | aus                                     |
| as mentioned in the Step 1, I was asleep. When I  |   | -                                       |
| not step aside from the window to my door so tha  | t I could urinate. Also, Officer Haney repo                                       | rte                                     |
| to his supervisors that I verbaly refused ("VR'ed   |   |   |
| that evening when I did not. I simply asked him   | if he could step aside so that I could urina                                      | ate                                     |
| and he left the pod and reported to his superviso   | ors that I had VR'ed my phone call. Officer                                       |   |
| Haney is widely known to the inmates back here in   | n CMI as being very calloused towards us.   |   |
| This grievance should come as no surprise to stat   | ff.***(END OF STATEMENT)***   |   |
|   |   | *************************************** |
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OFFICE USE ONLY

AUG 0 2 2016

UGI Recd Date:

**HQ Recd Date:** 

Date Due:

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|  |  |
| 2  |  |
|  | Date:Thursday, July 28th, 2016   |
| ender Signature:   | Date.  |
| evance Response:   |  |
| Your Step 1 grievance investigation and response has been appropriate and correct. You were instructed twice by office   | er Haney after being woken up to get   |
| ready for your phone call, but you failed to do so. Officer Hainaction as a form of refusal. No evidence of staff miscondu further action warranted.   |  |
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Date Returned to Offender: \_

Toby K. Payne #1720023 Clements Unit 9601 Spur 591 Amarillo, TX 79107

Thursday, August 25th, 2016

Attorney Shelley Langguth Office for Civil Rights Office of Justice Programs U.S. Department of Justice 810 7th Street, NW Washington, DC 20531

Re: Payne v. Tex. Dep't of Criminal Justice (15-OCR-1258)

Dear Ms. Langguth:

Enclosed are two more grievances (Step 1 & Step 2) that I received back last night. I just want you to be aware that I am staying on top of issues as best as I can. Thank you for your time!

Sincerely

Toby K. Payne #1720023

Clements Unit Amarillo, Texas

# THE RESERVE TO THE PERSON OF T

#### **Texas Department of Criminal Justice**

## STEP 1

### OFFENDER GRIEVANCE FORM

| Offender Name:    | Toby K. P | ayne        | TDCJ# 1720023  |
|-------------------|-----------|-------------|--|
| Unit: Clements    |           | Housing Ass | gnment: 12-C-65 (CMI)  |
| Unit where incide |           | (           | and the same of th |

| Page 26 of 29 | Page | eID 37 |
|---------------|------|--------|
| OFFICE        |      |        |

Grievance #: 2016/60363

7.25.11

Grievance Code: 301

Investigator ID #: 12108

Extension Date:

Date Retd to Offender: JUL 2 6 2016

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? Major Hardagree (Sent I-60)

When? Thursday, June 9th, 2016

What was their response? None

What action was taken? None JUN 1 5 2016

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate This grievance is being filed under grievance code 301 Telephone Access. As stated above, I wrote Major Hardagree requesting that I be given permission to call my mother, Deborah (Debi) L. Flowers. She is on my visitation list and her phone number, (214) 557-1319, is on my approved Offender Telephone Service ("OTS") list. I have not heard from my mother since she last wrote on Wednesday, May 18th, 2016. At that time, she informed me of the sad news that one of my cousin's son had passed away and that she would be traveling to Colorado for the memorial service. My mother normaly writes at least every two weeks. I am quite sure that nothing has happened to my mother because my step-father has not called the unit to inform me of that. However, I want to be able to talk to my mother to be able to console her. This is the second child in our family that has passed away. My own son and now my cousin's son. I am sure that she is in shock. She is also probably trying to maintain a high level of productivity for a high level job. I have not verbaly spoken to my mother since the weekend before Christmas 2014. She came to visit me at the Montford Unit while I was on the psychiatric ward. There are no OTS phones there as there are no OTS phones here in the Chronic Mentally III ("CMI") program. I am a G2 custody status and an S3 time earning status. I have had a clean diciplinary history for about two years. I have done nothing to be denied access to the OTS or a TDCJ owned phone and not be able to call my mother. This constructive denial violates U.S. & Texas Constitutional law, 5th Circuit case law & TDCD Executive Directive 03.32 (rev. 2), TDCJ ED-03.32 (rev. 2) §3(A)(2) says that "offenders in a psychiatric inpatient program or developmental disabilities program shall be allowed access to the OTS in accordance with the offenders treatment plan." TDCJ ED-03.32 (rev. 2) §4(A)(3) says that "In order to be eligible to place a call using a TDCJ-DWNED phone, offenders shall not have been found guilty of any major diciplinary violations within the last 90 days...". Martin v. Tyson, 845 F.2d 1451, 1458 (5th Cir. 1988) says (one monitored telephone call every other day, with a nonmonitored line for legal calls, met constitutional requirements). Texas Gov't Code, §495.027(d) says ..., "The policies adopted under this section may not unduly restrict calling patterns or volume and must allow for an average monthly call usage rate of eight calls, with each call having an average duration of not less than 10 minutes, per eligible JUN 1 5 2016 irmate."\*\*\*\*(END OF STATEMENT)\*\*\*\*\*

I-127 Front (Revised 11-2010)

YOUR SIGNATURE IS REQUIRED ON BACK OF THIS FORM

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Appendix F

Clements Unit 9601 Spur 591 Amarillo, TX 79107 \*\*\*(Legal Mail)\*\*\*

Toby K. Payne #1720023

NEPECTED 18

Office for Civil Rights
Office of Justice Programs Washington, DC 20531 810 7th Street, NW U.S. Department of Justice Attorney Shelley Langguth

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